Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF PENNSYLVANIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on		Ashley	
	pictu	government-issued ure identification (for	First name	First name
		mple, your driver's	Ann	
	license or passport). Bring your picture identification to your meeting with the trustee.	Middle name	Middle name	
		Sevek		
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.		other names you have d in the last 8 years		
	Include your married or maiden names and any assumed, trade names and doing business as names.		Ashley A. Sevek Ashley Sevek	
	any such parti	NOT list the name of separate legal entity n as a corporation, nership, or LLC that is filing this petition.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-7374	

Del	btor 1 Ashley Ann Seve	k	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Your Employer Identification Number (EIN), if any.					
	(Eliv), ii aliy.	EIN	EIN			
5.	Where you live		If Debtor 2 lives at a different address:			
		109 Poplar Street				
		Dingmans Ferry, PA 18328 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Pike				
		County	County			
above, fill it in here. Note		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
Why you are choosing this district to file for		Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Debtor 1 Ashley Ann Sevek				Case number (if known)		
Part	Tell the Court About	our Bankruptcy (Case			
7.	The chapter of the Bankruptcy Code you are			of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankrupto e box.	y
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how	you may pay. Typi ur attorney is subn	cally, if you are paying the fee yo	k with the clerk's office in your local court for more de urself, you may pay with cash, cashier's check, or mo alf, your attorney may pay with a credit card or check	oney
		☐ I need to p	ay the fee in inst	allments. If you choose this optic	n, sign and attach the Application for Individuals to F	ay ay
				(Official Form 103A).	and the same of th	
		but is not re	equired to, waive y our family size an	our fee, and may do so only if yo d you are unable to pay the fee ir	n only if you are filing for Chapter 7. By law, a judge mur income is less than 150% of the official poverty line installments). If you choose this option, you must fill ial Form 103B) and file it with your petition.	e that
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		Distric	t	When	Case number	
		Distric	t	When	Case number	
		Distric	t	When	Case number	
10	Are any bankruptcy					
10.	cases pending or being	■ No				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debto	r		Relationship to you	
		Distric	t	When	Case number, if known	
		Debto	r		Relationship to you	
		Distric	t	When	Case number, if known	
11.	Do you rent your	□ No. Go to	o line 12.			
	residence?			ined an eviction judgment agains	t vou?	
		— 163.	No. Go to line 1		. you:	
		-			ludgment Against You (Form 101A) and file it with thi	ic.
			bankruptcy peti		rudgment Agamst Tou (Form 101A) and life it with thi	5

)eb	tor 1 Ashley Ann Sevel	K			Case number (if known)			
Part	Report About Any Bu	ısinesses	You Owr	as a Sole Proprieto	or			
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of busi	ness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, State	e & ZIP Code			
	it to this petition.		Chec	heck the appropriate box to describe your business:				
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
					(as defined in 11 U.S.C. § 101(6))			
				None of the above	- ' ' ' '			
3.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	deadline operation	s. If you ir	ndicate that you are a low statement, and fe	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure			
	ter 11.							
	U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.			
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.			
art	Report if You Own or	Have Any	y Hazardo	ous Property or Any	Property That Needs Immediate Attention			
4.	Do you own or have any	■ No.						
	property that poses or is							
	alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?				
	identifiable hazard to							
	public health or safety? Or do you own any							
	property that needs immediate attention?			diate attention is why is it needed?				
	For example, do you own							
	perishable goods, or livestock that must be fed, or a building that needs		Where is	s the property?				
	urgent repairs?				Number, Street, City, State & Zip Code			

Debtor 1 Ashley Ann Sevek Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Ashley Ann Sevel	(Case numl	Oer (if known)
Par	t 6: Answer These Quest	ions for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are detersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debt	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busing	ess debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt pro available to distribute to unsecured creditor	operty is excluded and administrative expenses s?
	administrative expenses		■ No		
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99		5001-10,000	5 0,001-100,000
		☐ 100-19		□ 10,001-25,000	☐ More than100,000
		200-99	99		
19.	How much do you	□ \$0 - \$9	· ·	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		— \$500,0	901 - \$1 Hillion	· · · · · · · · · · · · · · · · · · ·	***************************************
20.	How much do you estimate your liabilities	□ \$0 - \$!	•	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million	☐ More than \$50 billion
		— \$000,	, , , , , , , , , , , , , , , , , , ,		
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I d	eclare under penalty of perjury that the info	ormation provided is true and correct.
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				d not pay or agree to pay someone who is a the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
		I request	relief in accordance with the	e chapter of title 11, United States Code, sp	pecified in this petition.
		bankrupto and 3571	cy case can result in fines up	nt, concealing property, or obtaining money p to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a pyears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Ashley	ey Ann Sevek Ann Sevek of Debtor 1	Signature of Deb	tor 2
		Executed	on August 15, 2024	Executed on	
			MM / DD / YYYY		M / DD / YYYY

Debtor 1 Ashley Ann Seve	<u>k</u>	Cas	se number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United	d States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	, ,		wledge after an inquiry that the information in the
	/s/ Vincent Rubino	Date	August 15, 2024
	Signature of Attorney for Debtor		MM / DD / YYYY
	Vincent Rubino 49628		
	Printed name		
	Newman Williams et al		
	Firm name		
	712 Monroe Street		
	PO Box 511		
	Stroudsburg, PA 18360-0511		
	Number, Street, City, State & ZIP Code	·	·

Email address

Contact phone **570-421-9090**

49628 PA Bar number & State

Official Form 10 ase 5:24-bk-02026-WALDCary Pocitio1 for Fideciduals/III6/24 Particle decrease 08/16/24 13:53:00 Desc page 7 Page 7 of 52 Main Document

vrubino@newmanwilliams.com

or 1						
	Ashley Ann Seve	ek				
or 2	First Name	Middle Name	Last Name			
	First Name	Middle Name	Last Name			
d States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA			
number						
_					_	if this is an
					amen	ded filing
	4000					
						12/15
nation. Fill	out all of your schedu	les first; then complete th	e information on this form. If y	ou are filing amende		
1: Sumn	narize Your Assets					
						ssets of what you own
Schedule A	A/B: Property (Official Fine 55, Total real estate,	Form 106A/B) from Schedule A/B			\$	229,000.00
1b. Copy lir	ne 62, Total personal pro	operty, from Schedule A/B			\$	86,203.02
1c. Copy lir	ne 63, Total of all proper	ty on Schedule A/B			\$	315,203.02
2: Sumn	narize Your Liabilities					
						abilities t you owe
				rt 1 of Schedule D	\$	265,727.02
Schedule E 3a. Copy tl	E/F: Creditors Who Have the total claims from Par	Unsecured Claims (Official 1) (priority unsecured claim	Form 106E/F) s) from line 6e of <i>Schedule E/F.</i>		\$	0.00
					\$	27,793.87
				Your total liabilities	\$	293,520.89
3: Sumn	narize Your Income an	d Expenses				
			I		\$	5,236.71
	, ,	,			\$	5,240.00
4: Answ	er These Questions fo	r Administrative and Stati	stical Records			
-		• • • • • • • • • • • • • • • • • • • •	neck this box and submit this for	m to the court with you	ır other sch	nedules.
■ Yes						
	of debt do you have?					
	Cial Formary (Complete nation. Fill original for 1a. Copy lin 1c. Copy lin 1c. Copy lin 2a. Copy the Schedule E 3a. Copy the 3a. Copy your the 3a. Copy your the 3a. Copy your the 3a. Copy	d States Bankruptcy Court for the: In number In cial Form 106Sum In mary of Your Assets In complete and accurate as possionation. Fill out all of your scheduloriginal forms, you must fill out all. Summarize Your Assets Schedule A/B: Property (Official Fila. Copy line 55, Total real estate, 1b. Copy line 62, Total personal profile. Copy line 63, Total of all proper 1c. Copy line 63, Total of all proper 1c. Copy line 63, Total of all proper 1c. Copy the total you listed in Columbia. Copy the total claims from Part 1c. Copy your combined monthly income 1c. Schedule I: Your Income (Official Fila Copy your combined monthly income 1c. Copy your monthly expenses from 1c.	Accept line 63, Total of all property, from Schedule A/B	d States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA In number (min) CCIAI Form 106Sum (MIDDLE DISTRICT OF PENNSYLVANIA) CCIAI Form 106Sum (MIDDLE and accurate as possible. If two married people are filling together, both are enaution. Fill out all of your schedules first; then complete the information on this form. If yoriginal forms, you must fill out a new Summary and check the box at the top of this page (MIDDLE DISTRICT) Summarize Your Assets Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	d States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA Cial Form 106Sum Immary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fili out all of your schedules first, then complete the information on this form. If you are filing amende original forms, you must fill out a new Summary and check the box at the top of this page. Summarize Your Assets Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	d States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA Interpret

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,373.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in t	his inform	ation to identify yo	our case and th	is filin	g:				
Debtor		Ashley Ann Se							
5.1.		First Name	Middle	Name	Last Name				
Debtor (Spouse,		First Name	Middle	Name	Last Name				
United	States Ban	kruptcy Court for the	e: MIDDLE D	ISTRIC	T OF PENNSYLVANIA				
Case n	umber							☐ Check if this is an	
Case III								☐ Check if this is an amended filing	
Offic	ial For	m 106A/B							
Sch	edule	A/B: Pro	perty					12/15	
Part 1: 1. Do yo ☐ No	ou own or ha	ach Residence, Build			l Estate You Own or Have an Interest In lence, building, land, or similar propert	y?			
	1.1 142 Birch Leaf Drive Street address, if available, or other description		tion	Duplex or multi-unit building the amoun			educt secured claims or exemptions. Put int of any secured claims on Schedule D: Who Have Claims Secured by Property.		
Mi	ilford	PA 1	18337-0000		Manufactured or mobile home Land	Current v	alue of the perty?	Current value of the portion you own?	
City	у	State	State ZIP Code			· .	29,000.00	\$229,000.00	
				Uho	Timeshare Other has an interest in the property? Check of Debtor 1 only	(such as f	be the nature of your ownership inter as fee simple, tenancy by the entiretic state), if known. .imple		
Pi	ike				•				
Co	unty			□	Debtor 1 and Debtor 2 only At least one of the debtors and another		k if this is com	munity property	
					r information you wish to add about thi erty identification number:	s item, such as l	ocal		
				Joir	R, 2 bath home nt with ex-husband Joseph Sevue is sales price on current list		nt with Weic	hert Realty.	
					your entries from Part 1, including			\$229,000.00	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	tor 1 Ashley Ann Sevek		Case number (if known)	
3 C :	ars, vans, trucks, tractors, sport utility ve	hicles motorcycles		
). U E	ars, varis, trucks, tractors, sport utility ve	moles, motorcycles		
	No			
	Yes			
3.1	Make: Ford	Who has an interest in the property? Check one		ed claims or exemptions. Put
0.1	Model: Explorer	Debtor 1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year: 2018	Debtor 2 only		
	Approximate mileage: 90,000	Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
	Other information:	At least one of the debtors and another		, ,
	in Debtor's ex-husband's	- At least one of the debtors and another		
	possession; fair condition	☐ Check if this is community property	\$10,334.0	00 \$10,334.00
	Joint with ex-husband Joseph	(see instructions)		
	Sevek			
3.2	Make: Ford	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on Schedule D:
	Model: F-150	☐ Debtor 1 only		Claims Secured by Property.
	Year: 2020	Debtor 2 only	Current value of the	e Current value of the
	Approximate mileage: 120,000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	in Debtor's ex-husband's			
	possession; fair condition	☐ Check if this is community property	\$9,523.0	9,523.00
	Joint with ex-husband Joseph	(see instructions)		
	Sevek			
3.3	Make: Toyota	Who has an interest in the property? Check one		ed claims or exemptions. Put ecured claims on Schedule D:
	Model: Rav4	■ Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year: 2024	Debtor 2 only	Current value of the	e Current value of the
	Approximate mileage: 5,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	in Debtor's possession; very	Пастина	\$25,290.0	90 \$25,290.00
	good condition.	Check if this is community property (see instructions)		Ψ23,230.00
		(
Ex		nd other recreational vehicles, other vehicles atercraft, fishing vessels, snowmobiles, motorcy		
	• •	rn for all of your entries from Part 2, includin that number here		\$45,147.00
	3: Describe Your Personal and Household It			
·	rou own or have any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	busehold goods and furnishings ixamples: Major appliances, furniture, linens I No I Yes. Describe	i, china, kitchenware		

Official Form 106A/B Schedule A/B: Property page 2

	1 bed; 1 futon; 2 bookcases; bakeware; silverware; groceries; linens; cleaning supplies in Debtor's possession. Held for Debtor's personal use, no single item of which exceeds \$700 in value.	\$1,750.00
7.	 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners including cell phones, cameras, media players, games □ No ■ Yes. Describe 	s; music collections; electronic devices
_	2 televisions; 1 laptop computer; 1 cell phone in Debtor's possession. Held for Debtor's personal use, no single item of which exceeds \$700 in value.	\$500.00
8.	 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; statement of the collections, memorabilia, collectibles □ No ■ Yes. Describe 	amp, coin, or baseball card collections;
	Books and pictures	\$50.00
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis musical instruments □ No ■ Yes. Describe	
	Painting and arts and crafts supplies	\$100.00
10	 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No ■ Yes. Describe 	
	1 pistol and ammunition	\$400.00
11	. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No ■ Yes. Describe	
	Clothing	\$500.00
12	. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches No Yes. Describe	s, gems, gold, silver
	Wedding band; engagement ring; earrings; misc. gold & costume jewelry	\$350.00
13	. Non-farm animals Examples: Dogs, cats, birds, horses □ No	

Case number (if known)

Debtor 1

Official Form 106A/B

Ashley Ann Sevek

page 3

Schedule A/B: Property

Yes. Describe 3 cats 14. Any other personal and household items you did not already list, including any health aids you did not I No Yes. Give specific information	\$1.00
14. Any other personal and household items you did not already list, including any health aids you did not I	\$1.00
■ No	
	ist
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attache for Part 3. Write that number here	\$3,651.00
Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your □ No ■ Yes	
Cash in Debtor's possession	\$10.00
 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, broke institutions. If you have multiple accounts with the same institution, list each. □ No ■ Yes 	rage houses, and other similar
Checking - Acct. Wells Fargo Bank with Zelle privileges Milford, PA	\$6.80
 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes	nterest in an LLC, partnership, and
20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No □ Yes. Give specific information about them Issuer name:	
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sh No ■ Yes. List each account separately.	aring plans

Official Form 106A/B Schedule A/B: Property page 4

Page 14 of 52

page 5

Schedule A/B: Property

Main Document

Yes. Name the insurance company of each policy and list its value.

Official Form 106A/B

Debtor 1	Ashley Ann Se	ek		Case number (if known)	
		Company name:	I	Beneficiary:	Surrender or refund value:
		Term Life Insurance Pol NO CASH VALUE		Debtor's children	\$1.00
		Universal Life Insurance Mutual of Omaha	Policy -	Debtor's children	\$398.22
If yo som	u are the beneficiary of eone has died.			y, or are currently entitled to rece	eive property because
33. Clair <i>Exa</i> ■ No	ns against third parti	es, whether or not you have fi byment disputes, insurance cla		demand for payment	
■ No	-		ure, including countercla	ims of the debtor and rights to	set off claims
□ No	financial assets you s. Give specific inform	•			
		Equitable distril Sevek: \$200 - April 202 \$600 - May 2024 \$600 - June 202 \$600 - July 2024 = \$2,000 a of 07	l 4 I, etc.	ex-husband Joseph	\$2,000.00
		Joseph Sevek a	is per 01/02/2024 Orde County Court of Comr	3,200 from ex-husband er of Honorable Kelly A. mon Pleas, Milford, PA,	\$33,200.00
		ll of your entries from Part 4,			\$37,405.02
Part 5:	Describe Any Business-	telated Property You Own or Hav	ve an Interest In. List any rea	ıl estate in Part 1.	
■ No.	u own or have any legal Go to Part 6. . Go to line 38.	or equitable interest in any busin	ness-related property?		
		Commercial Fishing-Related Propest in farmland, list it in Part 1.	perty You Own or Have an Ir	nterest In.	
`	ou own or have any l	egal or equitable interest in a	ny farm- or commercial f	ishing-related property?	
ΠY	es. Go to line 47.				

Case 5:24-bk-02026-MJC Doc 1 Filed 08/16/24 Entered 08/16/24 13:53:00 Desc Main Document Page 15 of 52

page 6

Schedule A/B: Property

Official Form 106A/B

Debtor 1	Ashley Ann Sevek		Case number (if known)	
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
Exan	ou have other property of any kind you did not already list? nples: Season tickets, country club membership			
■ No				
☐ Yes	s. Give specific information			
54. Add	the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part	: 1: Total real estate, line 2			\$229,000.00
56. Part	2: Total vehicles, line 5	\$45,147.00		
57. Part	3: Total personal and household items, line 15	\$3,651.00		
58. Part	4: Total financial assets, line 36	\$37,405.02		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Tota	al personal property. Add lines 56 through 61	\$86,203.02	Copy personal property total	\$86,203.02
63. Tota	al of all property on Schedule A/B. Add line 55 + line 62			\$315 203 02

Official Form 106A/B Schedule A/B: Property page 7

Debtor 1	Ashley Ann Seve	ek		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:			
Case number				☐ Check if this is an
Case number (if known)				☐ Check if this is ar amended filing
Case number _				_
Case number _	orm 106C			_

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	mption to a particular dollar amount and the he applicable statutory amount.	value of the propert	ty is d	letermined to exceed that amoun	t, your exemption would be limited
Pa	rt 1: Identify the Property You Claim as Ex	kempt			
1.	Which set of exemptions are you claiming?	Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonbank	ruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 L	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	hat you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2018 Ford Explorer 90,000 miles in Debtor's ex-husband's	\$10,334.00		\$1.00	11 U.S.C. § 522(d)(2)
	possession; fair condition Joint with ex-husband Joseph Sevek Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	2020 Ford F-150 120,000 miles in Debtor's ex-husband's	\$9,523.00		\$1.00	11 U.S.C. § 522(d)(5)
	possession; fair condition Joint with ex-husband Joseph Sevek Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	2024 Toyota Rav4 5,000 miles	\$25,290.00		\$1.00	11 U.S.C. § 522(d)(5)
	in Debtor's possession; very good condition. Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit	
	1 bed; 1 futon; 2 bookcases;	\$1,750.00		\$1,750.00	11 U.S.C. § 522(d)(3)
	bakeware; silverware; groceries; linens; cleaning supplies in Debtor's possession. Held for Debtor's personal use, no single item of which exceeds \$700 in value. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

Brief description of the property and line on	Current value of the	Δm	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own Copy the value from		eck only one box for each exemption.	opecino laws that allow exemption
2 televisions; 1 laptop computer; 1	Schedule A/B		#500.00	11 U.S.C. § 522(d)(3)
cell phone in Debtor's possession. Held for Debtor's personal use, no single item of which exceeds \$700 in value. Line from Schedule A/B: 7.1	\$500.00		100% of fair market value, up to any applicable statutory limit	11 0.0.0. g 022(a)(e)
Books and pictures	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)
ine from Schedule A/B: 8.1	<u> </u>		100% of fair market value, up to any applicable statutory limit	
Painting and arts and crafts supplies	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
ane nom schedule AVD. 3.1			100% of fair market value, up to any applicable statutory limit	
pistol and ammunition	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)
ane nom schedule AVD. 10.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
ane nom <i>schedule Arb</i> . 1111			100% of fair market value, up to any applicable statutory limit	
Wedding band; engagement ring; earrings; misc. gold & costume	\$350.00		\$350.00	11 U.S.C. § 522(d)(4)
ewelry ine from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
cats ine from Schedule A/B: 13.1	\$1.00		\$1.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Cash in Debtor's possession ine from Schedule A/B: 16.1	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)
and norm derication FAD.			100% of fair market value, up to any applicable statutory limit	
Checking - Acct. #8928: Wells Fargo Bank with Zelle privileges	\$6.80		\$6.80	11 U.S.C. § 522(d)(5)
Milford, PA ine from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Pension: Union-provided pension Monthy payments upon retirement	\$1.00		\$1.00	11 U.S.C. § 522(d)(10)(E)
ine from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
Federal: Anticipated 2024 Tax Refund in From Schedule A/B: 28.1	\$1,788.00		\$1,788.00	11 U.S.C. § 522(d)(5)
Line Irom Schedule A/B: 40.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

ebtor 1	Ashley Ann Sevek			Case number (if known)	
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Teri	m Life Insurance Policy - State	\$1.00		\$1.00	11 U.S.C. § 522(d)(7)
NO Ben	CASH VALUE neficiary: Debtor's children from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	versal Life Insurance Policy -	\$398.22		\$398.22	11 U.S.C. § 522(d)(8)
Ben	neficiary: Debtor's children from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
	uitable distributon payments from husband Joseph Sevek:	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(10)(D)
\$20 \$60 \$60 \$60 = \$2	0 - April 2024 0 - May 2024 0 - June 2024 0 - July 2024, etc. 2,000 a of 07/01/2024 from Schedule A/B: 35.1			100% of fair market value, up to any applicable statutory limit	
	kimum Equitable distribution of ,200 from ex-husband Joseph	\$33,200.00		\$33,200.00	11 U.S.C. § 522(d)(10)(D)
Sev Hor Cou Milf pric	ek as per 01/02/2024 Order of norable Kelly A. Gaughan, Pike unty Court of Common Pleas, ord, PA, depending upon sale			100% of fair market value, up to any applicable statutory limit	
	you claiming a homestead exemption of ject to adjustment on 4/01/25 and every 3			led on or after the date of adjustme	nt.)
	No				
	Yes. Did you acquire the property covered No	ed by the exemption wi	thin 1	,215 days before you filed this case	9?
	□ No □ Yes				
	□ 163				

Fill in this informat	tion to identify your	case:			
Debtor 1	Ashley Ann Seve	ek			
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name			
(opouse ii, iiiiig)	i ii st i vaine	Windle Name			
United States Bankr	ruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA			
Case number				☐ Check	if this is an
				amend	ded filing
Official Form	106D				
		\\/\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_	
Schedule D	: Creditors	Who Have Claims Secure	ed by Property	<u>y </u>	12/15
		two married people are filing together, both are ut, number the entries, and attach it to this form.			
1. Do any creditors ha	ve claims secured by	your property?			
	-	is form to the court with your other schedules.	You have nothing else to	o report on this form.	
_	l of the information b	•	. ou mare meaning election		
		elow.			
Part 1: List All S	Secured Claims		. Column A	Column B	Column C
		ore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As	ely	Value of collateral	Unsecured
		al order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Ally Financia	al	Describe the property that secures the claim:	value of collateral. \$39,076.77	claim \$10,334.00	If any \$28,742.77
Creditor's Name	ai	2018 Ford Explorer 90,000 miles	φ39,010.11	Ψ10,334.00	Ψ20,142.11
		in Debtor's ex-husband's			
		possession; fair condition			
		Joint with ex-husband Joseph			
		Sevek			
PO Box 3809	901	As of the date you file, the claim is: Check all that apply.			
Bloomingto	n, MN 55438	Contingent			
Number, Street, Cit	y, State & Zip Code	Unliquidated			
		☐ Disputed			
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or s car loan)	secured		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the	,	☐ Judgment lien from a lawsuit			
☐ Check if this claim			ile Loan-Joint with e	ex-husband Joseph	n Sevek
community debt	November				

Date debt was incurred 27, 2021

Last 4 digits of account number

5061

Deb	tor 1 Ashley Ann Sevek		Case number (if known)		
	First Name Middle N	lame Last Name			
2.2	PennyMac Loan Services	Describe the property that secures the claim:	\$148,317.35	\$229,000.00	\$0.00
	Creditor's Name	142 Birch Leaf Drive Milford, PA		 _	· · · · · · · · · · · · · · · · · · ·
		18337 Pike County			
		4 BR, 2 bath home			
		Joint with ex-husband Joseph			
		Sevek.			
	Attn: Correspondence	Value is sales price on current listing agreement with Weichert			
	Unit	Realty.			
	PO Box 514387	As of the date you file, the claim is: Check all that			
	Los Angeles, CA 90051-4387	apply.			
		Contingent			
	Number, Street, City, State & Zip Code	Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Pebtor 1 only	☐ An agreement you made (such as mortgage or so	ocured		
_	Pebtor 2 only	car loan)	scureu		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	at least one of the debtors and another	☐ Judgment lien from a lawsuit			
_	Check if this claim relates to a	— First Mant	gage-Joint with ex-hu	shand Joseph Se	vek
	community debt	Other (including a right to offset)	gage come with ex ma	Sparia Goseph Ge	
Date 2.3	August 25, 2021 Santander Consumer	Last 4 digits of account number 8257	\$34 963 64	\$9 523 00	\$25,440,64
	debt was incurred 2021 Santander Consumer USA	Describe the property that secures the claim:	\$34,963.64	\$9,523.00	\$25,440.64
	debt was incurred 2021 Santander Consumer	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles	\$34,963.64	\$9,523.00	\$25,440.64
	debt was incurred 2021 Santander Consumer USA	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's	\$34,963.64	\$9,523.00	\$25,440.64
	debt was incurred 2021 Santander Consumer USA	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition	\$34,963.64	\$9,523.00	\$25,440.64
	Santander Consumer USA Creditor's Name	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's	\$34,963.64	\$9,523.00	\$25,440.64
	debt was incurred 2021 Santander Consumer USA	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that	\$34,963.64	\$9,523.00	\$25,440.64
	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply.	\$34,963.64	\$9,523.00	\$25,440.64
	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent	\$34,963.64	\$9,523.00	\$25,440.64
	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$34,963.64	\$9,523.00	\$25,440.64
2.3	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent	\$34,963.64	\$9,523.00	\$25,440.64
2.3	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.		\$9,523.00	\$25,440.64
2.3 Who	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code o owes the debt? Check one.	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		\$9,523.00	\$25,440.64
2.3 Who	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code o owes the debt? Check one.	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or second		\$9,523.00	\$25,440.64
2.3 Who	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code o owes the debt? Check one.	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	ecured		
2.3 Who compared to the compa	Santander Consumer USA Creditor's Name Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code o owes the debt? Check one. debtor 1 only debtor 2 only debtor 1 and Debtor 2 only	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
2.3 Who compared to the compa	Attn Bankruptcy Dept PO Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only It least one of the debtors and another check if this claim relates to a	Describe the property that secures the claim: 2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph Sevek As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	ecured		

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1 Ashley Ann Sevek		Case number (if known)		
First Name Middle N	lame Last Name	•		
Toyota Financial Services	Describe the property that secures the claim:	\$43,369.26	\$25,290.00	\$18,079.26
Creditor's Name	2024 Toyota Rav4 5,000 miles in Debtor's possession; very good			
PO Box 5855 Carol Stream, IL 60197-5855	As of the date you file, the claim is: Check all that apply. Contingent	t		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage of car loan)	r secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	1)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Automo	bile Loan		
Date debt was incurred 06/29/2024	Last 4 digits of account number 092	22		
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$265,727.0	2	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$265,727.0	2	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

	this information to identify your cas	se:		
Debto	or 1 Ashley Ann Sevek			
	First Name	Middle Name Last Name		
Debto (Spous	or 2 e if, filing) First Name	Middle Name Last Name		
Unite	d States Bankruptcy Court for the: N	MIDDLE DISTRICT OF PENNSYLVANIA		
Case	number			Check if this is an
			_	amended filing
Offic	cial Form 106E/F			
		o Have Unsecured Claims		12/15
Sched eft. At	ule D: Creditors Who Have Claims Secure tach the Continuation Page to this page. I the case number (if known).	d Leases (Official Form 106G). Do not included by Property. If more space is needed, copy if you have no information to report in a Part.	the Part you need, fill it out, number the e	ntries in the boxes on the
1. D	o any creditors have priority unsecured c	laims against you?		
	No. Go to Part 2.			
] Yes.			
Part 2	List All of Your NONPRIORITY U	Jnsecured Claims		
3. D				
_	o any creditors have nonpriority unsecure	ed claims against you?		
_		ed claims against you? Submit this form to the court with your other scl	nedules.	
	No. You have nothing to report in this part.		nedules.	
4. Li ur th	No. You have nothing to report in this part. Yes. St all of your nonpriority unsecured claim, list the creditor separately for		o holds each claim. If a creditor has more the type of claim it is. Do not list claims already in	cluded in Part 1. If more
4. Li ur th	No. You have nothing to report in this part. Yes. St all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list the	Submit this form to the court with your other scl as in the alphabetical order of the creditor what reach claim. For each claim listed, identify what	o holds each claim. If a creditor has more the type of claim it is. Do not list claims already in	cluded in Part 1. If more
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim, secured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morriston PA	Submit this form to the court with your other sci as in the alphabetical order of the creditor what reach claim. For each claim listed, identify what he other creditors in Part 3.If you have more that	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the	ncluded in Part 1. If more e Continuation Page of
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002	Submit this form to the court with your other scl as in the alphabetical order of the creditor what reach claim. For each claim listed, identify what he other creditors in Part 3.If you have more that	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406	Submit this form to the court with your other sci as in the alphabetical order of the creditor where each claim. For each claim listed, identify what he other creditors in Part 3.If you have more that wn Last 4 digits of account number When was the debt incurred?	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same states are same same same same same same same sam	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	I No. You have nothing to report in this part. I Yes. st all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code	Submit this form to the court with your other sci as in the alphabetical order of the creditor what reach claim. For each claim listed, identify what he other creditors in Part 3.If you have more that wn Last 4 digits of account number	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same states are same same same same same same same sam	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim issecured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one.	Submit this form to the court with your other solons in the alphabetical order of the creditor where each claim. For each claim listed, identify what he other creditors in Part 3.If you have more that we were the work to be a solon to be a	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same states are same same same same same same same sam	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim resecured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one.	Submit this form to the court with your other scl as in the alphabetical order of the creditor when the count care count in the count of the creditor when the other creditors in Part 3. If you have more that the count of the count number when was the debt incurred? As of the date you file, the claim Contingent	to holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same states are same same same same same same same sam	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	Submit this form to the court with your other scl as in the alphabetical order of the creditor where each claim. For each claim listed, identify what he other creditors in Part 3.If you have more the wind with the other creditors in Part 3.If you have more the wind with the other creditors in Part 3.If you have more the wind wind wind with the other creditors in Part 3.If you have more the wind wind wind wind wind wind wind wind	no holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 8172	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim issecured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Submit this form to the court with your other sci	no holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same secured cla	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th Pr	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim rescured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another.	Submit this form to the court with your other sci	no holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same secured cla	ncluded in Part 1. If more e Continuation Page of Total claim
4. Li ur th	No. You have nothing to report in this part. Yes. st all of your nonpriority unsecured claim issecured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Submit this form to the court with your other sci	no holds each claim. If a creditor has more the type of claim it is. Do not list claims already in a three nonpriority unsecured claims fill out the same secured cla	Total claim \$39.42
4. Li ur th Pr	Anesthesia Assoc of Morristor PA Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commundebt	Submit this form to the court with your other sci	by holds each claim. If a creditor has more the type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the 8172 2024 is: Check all that apply and claim:	Total claim \$39.42

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

Debto	Ashley Ann Sevek		Case number (if known)	
4.2	Anesthesia Assoc of Morristown PA	Last 4 digits of account number	8172	\$138.56
	Nonpriority Creditor's Name PO Box 24002 Newark, NJ 07101-0406	When was the debt incurred?	2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical ex	penses	
4.3	Apple Card - GS Bank USA	Last 4 digits of account number	7706	\$383.00
	Nonpriority Creditor's Name Goldman Sachs Bank	When was the debt incurred?	2022 to May 2024	
	Lockbox 6112 PO Box 7247 Philadelphia, PA 19170-6112	when was the dept incurred:	2022 to may 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card groceries;	purchases - gasoline; misc. household expenses	
.4	Atlantic Health Partners Nonpriority Creditor's Name	Last 4 digits of account number	8638	\$10,187.00
	LB #7685	When was the debt incurred?	2024	
	P.O. Box 95000			
	Philadelphia, PA 19195 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	- C.	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical ex	penses	

Debte	Ashley Ann Sevek		Case number (if known)	
4.5	Atlantic Medical Group Nonpriority Creditor's Name	Last 4 digits of account number	PAMG	\$350.89
	PO Box 419101 Boston, MA 02241-9101	When was the debt incurred?	2024	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	report as priority claims Debts to pension or profit-sharing	og plane, and other similar debts	
	■ No □ Yes	, ,		
	☐ Yes	Other. Specify Medical ex	penses	
4.6	Barclays Bank	Last 4 digits of account number	2028	\$807.00
	Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	2022 to May 2024	
	Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari		
	— NO		l purchases - gasoline;	
	Yes	■ Other. Specify groceries ;	misc. household expenses	
4.7	Capital One	Last 4 digits of account number	2983	\$342.00
	Nonpriority Creditor's Name PO Box 31293	When was the debt incurred?	2022 to May 2024	
	Salt Lake City, UT 84131	when was the dept incurred:	2022 to May 2024	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sep- report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
		_ Credit card	l purchases - gasoline;	
	☐ Yes	Other. Specify groceries;	misc. household expenses	

Debto	or 1 Ashley Ann Sevek	Case number (if known)	
4.8	Capital One Nonpriority Creditor's Name	Last 4 digits of account number 6146	\$187.00
	PO Box 31293	When was the debt incurred? 2022 to May 2024	
	Salt Lake City, UT 84131 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit card purchases - gasoline; groceries; misc. household expenses	
4.9	Capital One	Last 4 digits of account number	\$83.00
	Nonpriority Creditor's Name PO Box 31293	When was the debt incurred? 2022 to May 2024	
	Salt Lake City, UT 84131		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Credit card purchases - gasoline; groceries; misc. household expenses	
4.1 0	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number 6416	\$2,077.00
	Bankruptcy Dept PO Box 182125	When was the debt incurred? 2022 to May 2024	
	Columbus, OH 43218-2125 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	ls the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit card purchases - gasoline; groceries; misc. household expenses	

Debtor	1 Ashley Ann Sevek	Case number (if known)	
4.1 1	FNB Omaha	Last 4 digits of account number 4426	\$741.00
	Nonpriority Creditor's Name 1620 Dodge Street	When was the debt incurred? 2022 to May 2024	
	Omaha, NE 68197-0003 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, and the same year may and committee or notification and that appeny	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Credit card purchases - gasoline; groceries; misc. household expenses	
1.1 2	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number 2796	\$1,865.00
	PO Box 3115 Milwaukee, WI 53201-3115	When was the debt incurred? 2022 to May 2024	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases - clothing; misc. household items	
l.1 3	SYNCB/Amazon PLCC	Last 4 digits of account number 5655	\$356.00
	Nonpriority Creditor's Name PO Box 71737 Philadelphia, PA 19176-1737	When was the debt incurred? 2022 to June 2024	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit card purchases - misc. household goods	

Ashley Ann Sevek		Case number (if known)	
SYNCB/American Eagle	Last 4 digits of account number	0160	\$277.0
Nonpriority Creditor's Name PO Box 71727 Philadelphia PA 10176 1727	When was the debt incurred?	2022 to May 2024	
Philadelphia, PA 19176-1727 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	• • • • • • • • • • • • • • • • • • • •	
Yes	Other. Specify Credit card	l purchases - clothing	
SYNCB/Dicks	Last 4 digits of account number	5323	\$511.0
Nonpriority Creditor's Name PO Box 71727	When was the debt incurred?	2022 to May 2024	
Philadelphia, PA 19176-1727	When was the dept incurred?	2022 to May 2024	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
- NO			
Yes	Other. Specify sport items	purchases - clothing; misc.	
SYNCB/Paypal	Last 4 digits of account number	5398	\$2,266.0
Nonpriority Creditor's Name	_		
PO Box 71727 Philadelphia, PA 19176-1727	When was the debt incurred?	2022 to May 2024	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	_ Credit card	purchases - gasoline;	
Yes	Other. Specify groceries;	misc. household expenses	

Debtor	1 Ashley Ann Sevek		Case number (if known)			
4.1						
7	SYNCB/Paypal Extra MC	Last 4 digits of account number	8490	\$2,342.00		
	Nonpriority Creditor's Name PO Box 71727	When was the debt incurred?	2022 to May 2024			
	Philadelphia, PA 19176-1727					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only					
		☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	Student loans	a Claim.			
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	■ Other. Specify groceries;	purchases - gasoline; misc. household expenses			
4.1	THD/CBNA	Last 4 digits of account number	3315	\$640.00		
	Nonpriority Creditor's Name 5800 South Corporate Place Sioux Falls, SD 57108	When was the debt incurred?	2022 to May 2024			
	Number Street City State Zip Code	eet City State Zip Code As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Credit card improveme				
4.1 9	Wells Fargo Card Services Nonpriority Creditor's Name	Last 4 digits of account number	0350	\$4,201.00		
	PO Box 393	When was the debt incurred?	2022 to May 2024			
	Minneapolis, MN 55480-0393 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	no or the date you me, the olding	o. Chook all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	_	_ Credit card	purchases - gasoline;			
	Yes	Other. Specify groceries ;	misc. household expenses			

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Page 7 of 8

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Ashley Ann Sevek		Case number (if known)							
have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.									
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?							
Comenity Bank	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority U	nsecured Claims						
3095 Loyalty Circle		■ Part 2: Creditors with Nonprior	ty Unacquired Claims						
Columbus, OH 43219-3673		Part 2: Creditors with Nonprior	ty Unsecured Claims						

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 27,793.87
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 27,793.87

Last 4 digits of account number

Fill in this information to identify your case:						
Debtor 1 Ashley Ann Sevek						
	First Name	Middle Name	Last Name	_		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA			
Case number						Check if this is an
()					П	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3			Ciaic	Zii Oodo	_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
	-,				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in th	is information to identify your	case:			
Debtor 1	Ashley Ann Seve	Middle Name	Last Name		
Debtor 2		Middle Name	Last Name		
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case nu (if known)	mber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
people a		ally responsible for supple boxes on the left. Attack	olying correct information the Additional Page to	on. If more space is n	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
1. D	o you have any codebtors? (If	you are filing a joint case,	do not list either spouse a	as a codebtor.	
□ N ■ Y					
	/ithin the last 8 years, have you ona, California, Idaho, Louisiana,				
	lo. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in li Fori	ne 2 again as a codebtor only i	if that person is a guaran	ntor or cosigner. Make s	ure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt sthat apply:
3.1	Joseph Sevek 142 Birch Leaf Drive Milford, PA 18337			■ Schedule D, li □ Schedule E/F, □ Schedule G _ PennyMac Loan	line
3.2	Joseph Sevek 142 Birch Leaf Drive Milford, PA 18337			■ Schedule D, li □ Schedule E/F, □ Schedule G _ Ally Financial	
3.3	Joseph Sevek 142 Birch Leaf Drive Milford, PA 18337			■ Schedule D, li □ Schedule E/F, □ Schedule G _ Santander Cons	line

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

	in this information to ide										
Del	otor 1 As	shley Ann	Sevek			_					
	otor 2					_					
Uni	ted States Bankruptcy	Court for the	: MIDDLE DISTRICT C	F PENNSYLVANIA							
(If kr	se number 			-					ed filing ent showir	ng postpetition	•
0	fficial Form 10	<u> 261</u>					Ī	/IM / DD/ \	YYY		
S	chedule I: Yo	our Inc	ome								12/15
sup spo atta	plying correct informations. If you are separate	ation. If you ted and you this form.	sible. If two married peo are married and not fili r spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv matio	ing with on abou	you, incl t your spo	ude infori ouse. If m	mation about ore space is	your needed,
1.	Fill in your employm information.	ent		Debtor 1				Debtor 2	or non-f	iling spouse	
	If you have more than		Employment status	■ Employed	■ Employed			☐ Empl	oyed		
	attach a separate page with information about additional	,	Employment status	☐ Not employed			☐ Not employed				
	employers.		Occupation	Department Manager							
	Include part-time, sea self-employed work.	isonal, or	Employer's name	Shop Rite							
	Occupation may inclu or homemaker, if it ap		Employer's address	Matamoras, PA							
			How long employed t	here? 20 year	rs			_			
Par	t 2: Give Details	About Mor	thly Income								
spou	use unless you are sepa	arated.	ate you file this form. If	, ,	•	•				·	Ū
	u or your non-filling spo e space, attach a separ		ore than one employer, co this form.	ombine the informatio	n for all 6	empio	yers for	tnat perso	on on the I	ines below. If	you neea
							For De	btor 1		ebtor 2 or ling spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	6	,476.11	\$	N/A	
3.	Estimate and list mo	onthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inco	ome. Add lir	ne 2 + line 3.		4.	\$	6,4	76.11	\$	N/A	

Official Form 106I Schedule I: Your Income page 1 Case 5:24-bk-02026-MJC Doc 1 Filed 08/16/24 Entered 08/16/24 13:53:00 Desc

					For	For Debtor 1		For Debtor 2 or non-filing spouse			
	Copy	y line 4 here		4.	\$	6,470	5.11	\$	i iiiiig s	N/A	
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Secur	ity deductions	5a.	\$	1,340	3 45	\$		N/A	1
	5b.	Mandatory contributions for reti	•	5b.	\$-		0.00	\$-		N/A	
	5c.	Voluntary contributions for retire	•	5c.	\$_		0.00	\$_		N/A	
	5d.	Required repayments of retirement	•	5d.	\$-		0.00	\$_		N/A	
	5e.	Insurance	ent rana loans	5e.	\$-		0.00	ς \$		N/A	
	5f.	Domestic support obligations		5f.	\$_		0.00	\$_		N/A	
	5g.	Union dues		5g.	\$ _		1.95	Ψ_		N/A	
	5g. 5h.	Other deductions. Specify:		5g. 5h.+	· -		0.00	_ ψ		N/A	
6.		the payroll deductions. Add lines	Faifhifaifhi Faifh	6.	Ψ_ \$	1,388		τΨ_ \$		N/A	_
		ulate total monthly take-home pay	· ·	7.	· · ·			· -			_
7.				7.	\$_	5,087	7.71	\$_		N/A	<u> </u>
8.	8a. 8b. 8c. 8d. 8e. 8f.	regularly receive Include alimony, spousal support, settlement, and property settlement Unemployment compensation Social Security Other government assistance th Include cash assistance and the va	rty and business showing gross rusiness expenses, and the total ou, a non-filing spouse, or a dependent of the support, maintenance, divorce out. at you regularly receive alue (if known) of any non-cash assist nos (benefits under the Supplement tousing subsidies.	8c. 8d. 8e.	\$_ \$_ \$_ \$_ \$_		0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
9.	۸۵۵	all other income. Add lines 8a+8b		9.	\$	1.10	9.00	\$		N/	
J.	Auu	an other meome. Add intes da rob	Toctouroctorrogion.	J.		144	.00	Ι Ψ_			
10.	Calc	ulate monthly income. Add line 7	+ line 9.	10. \$		5,236.71	+ \$		N/A	= \$	5,236.71
	Add t	the entries in line 10 for Debtor 1 and	d Debtor 2 or non-filing spouse.								
	Include other Do no Spec	de contributions from an unmarried price friends or relatives. ot include any amounts already including: the amount in the last column of least column of le	the expenses that you list in Sch partner, members of your household uded in lines 2-10 or amounts that ar line 10 to the amount in line 11. The thedules and Statistical Summary of	, your depenge not available he result is the	nle to p	pay expens	es lis	ted in S	11.	e J. +\$	0.00
	applies							, ••	12.	\$Comb	5,236.71 ined
13.	Do ye	ou expect an increase or decrease No. Yes. Explain:	e within the year after you file this	form?						month	nly income

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:							
Debt		Ashley Ann				Ch	eck if this is:			
000	.01 1	Asiliey Allii	Seven					1		
	tor 2						A supplement sho	owing postpetition chapter		
(Spc	ouse, if filing)						13 expenses as o	of the following date:		
Unite	ed States Bankr	uptcy Court for the	: MIDDL	/LVANIA	MM / DD / YYYY					
	e number nown)									
Of	ficial Fo	rm 106J								
Sc	chedule	J: Your	Exper	nses				12/15		
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	s possible eded, atta ry questio	. If two married people a sch another sheet to this						
Part	11: Descr Is this a joir	ibe Your House	hold							
١.	■ No. Go to									
			in a separ	ate household?						
	□ N □ Y	-	st file Offic	ial Form 106J-2, <i>Expense</i>	es for Separate Housel	hold of De	ebtor 2.			
2.	Do you have	e dependents?	□ No							
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state dependents				Minor child (60 custody)	%	12	□ No ■ Yes		
					Minor child (60 custody)	%	15	□ No ■ Yes		
					Minor child (60	%		□ No		
					custody)		16	■ Yes		
								□ No		
3.	Do your ove	enses include	_	•				_ Yes		
J.	expenses of	f people other to d your depende	han _	No Yes						
Part		ate Your Ongoi								
exp				uptcy filing date unless by is filed. If this is a sup				napter 13 case to report of the form and fill in the		
				government assistance cluded it on Schedule I:						
	icial Form 10						Your ex	penses		
4.		or home owners		nses for your residence. or lot.	Include first mortgage	4.	\$	1,585.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$	0.00		
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	\$	0.00		
			•	upkeep expenses		4c.		0.00		
_		owner's associat			ama aquitu la ara	4d. 5.	·	0.00		
5.	Auditional r	nortuade pavme	ents för V	our residence , such as h	ome equity loans	5 .	JD	0.00		

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1	Ashley Ann Sevek Ca	Case number (if known)					
6. Utilitie	s:						
	Electricity, heat, natural gas	6a.	\$	0.00			
6b.	Water, sewer, garbage collection	6b.	\$	0.00			
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	301.00			
6d.	Other. Specify:	6d.	\$	0.00			
7. Food a	and housekeeping supplies	7.	\$	1,050.00			
. Childo	are and children's education costs	8.	\$	0.00			
. Clothi	ng, laundry, and dry cleaning	9.	\$	275.00			
0. Perso	nal care products and services	10.	\$	100.00			
1. Medic	al and dental expenses	11.	\$	80.00			
2. Trans	portation. Include gas, maintenance, bus or train fare.			075.00			
	include car payments.	12.	· <u> </u>	375.00			
	ainment, clubs, recreation, newspapers, magazines, and books	13.	· —	40.00			
	able contributions and religious donations	14.	\$	0.00			
5. Insura							
	include insurance deducted from your pay or included in lines 4 or 20.	150	¢	474.00			
	Life insurance Health insurance	15a. 15b.	·	171.00			
	⊓eaith insurance Vehicle insurance		·	0.00			
	Venicie insurance Other insurance. Specify:	15c. 15d.		374.00			
		- 150.	φ	0.00			
o. raxes Specif	Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00			
	ment or lease payments:	- 10.	¥	0.00			
	Car payments for Vehicle 1	17a.	\$	715.00			
	Car payments for Vehicle 2	17b.	*	0.00			
	Other. Specify:	17c.		0.00			
	Other. Specify:	17d.	· <u> </u>	0.00			
	payments of alimony, maintenance, and support that you did not report as	-					
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00			
 Other 	payments you make to support others who do not live with you.		\$	0.00			
Specify	<i>y</i> :	19.					
	real property expenses not included in lines 4 or 5 of this form or on Schedul						
	Mortgages on other property	20a.	·	0.00			
	Real estate taxes	20b.	·	0.00			
	Property, homeowner's, or renter's insurance	20c.	· -	0.00			
	Maintenance, repair, and upkeep expenses	20d.		0.00			
	Homeowner's association or condominium dues	20e.	· -	0.00			
l. Other:	· · · <u>- · · · · · · · · · · · · · · · ·</u>	21.	+\$	74.00			
Swim	ming & activities for children	_	+\$	100.00			
2 Calcul	ate your monthly expenses						
	dd lines 4 through 21.		\$	5,240.00			
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,240.00			
	dd line 22a and 22b. The result is your monthly expenses.		\$	F 240 00			
220. A	au iiiie 22a anu 22b. The result is your monthiy expenses.		Ψ	5,240.00			
3. Calcul	ate your monthly net income.						
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,236.71			
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,240.00			
	Subtract your monthly expenses from your monthly income.	00-	•	-3.29			
	The result is your monthly net income.	23c.	\$	-3.29			
For exa	u expect an increase or decrease in your expenses within the year after you fi mple, do you expect to finish paying for your car loan within the year or do you expect your mo ation to the terms of your mortgage?			rease or decrease because of a			
■ No.							
☐ Yes							

Fill in this info	rmation to identify your	case:			
Debtor 1	Ashley Ann Seve	k			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Spouse II, IIIIIIg)	i iist Name	Middle Name	Last Ivallie		
United States B	Bankruptcy Court for the:	MIDDLE DISTRICT OF	PENNSYLVANIA		
Case number					
(if known)				☐ Check if the	nis is an
				amended	filing
You must file th	nis form whenever you fi	n connection with a bank	or amended schedules.	Making a false statement, concealing p n fines up to \$250,000, or imprisonment	
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Prepa	
				Declaration, and Signature (Offic	ial Form 119)
	alty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	d with this declaration and	
X /s/ As	hley Ann Sevek		X		
	ey Ann Sevek		Signature of D	Debtor 2	
	ure of Debtor 1				
Date	August 15, 2024		Date		
2 4.3	guot 10, 2027				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fil	I in this inform	nation to identify you	r case:			
De	btor 1	Ashley Ann Sev	ek			
D-	htor O	First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF P	ENNSYLVANIA		
_						
	nown)				_	Check if this is an amended filing
	fficial For		Affairs for Individ	duals Filing for B	ankruptcy	04/22
info nur	ormation. If me mber (if known	ore space is needed,). Answer every que	ble. If two married people a attach a separate sheet to stion. arital Status and Where You	this form. On the top of any		
1.	What is your	current marital statu	ıs?			
	☐ Married					
	■ Not marr	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	□ No					
		t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
	Debtor 1:		Dates Debtor 1	Debtor 2 Prior Ad	ldress:	Dates Debtor 2
	202101 11		lived there	200101 21 1101 710		lived there
	142 Birch I Milford, PA		From-To: 2009 to September 20	☐ Same as Debtor	I	☐ Same as Debtor 1 From-To:
	No Yes. Mal	es include Arizona, Ca ke sure you fill out <i>Scl</i> n the Sources of You		vada, New Mexico, Puerto R	ico, Texas, Washington and	Wisconsin.)
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part	time activities.	endar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$49,310.71	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Case 5:24-bk-02026-MJC Doc 1 Filed 08/16/24 Entered 08/16/24 13:53:00 Desc Main Document Page 38 of 52

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

Debtor 1	Ashley Ann	Sevek		Cas	e number (if known)	
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	endar year: to December	31, 2023)	■ Wages, commissions, bonuses, tips	\$76,187.00	☐ Wages, commissi bonuses, tips	ions,
			☐ Operating a business		Operating a busin	ness
	endar year be to December		■ Wages, commissions, bonuses, tips	\$63,119.00	☐ Wages, commissi bonuses, tips	ions,
			☐ Operating a business		☐ Operating a busin	ess
winning List eac	s. If you are fili	ng a joint cas	e and you have income that y me from each source separat Debtor 1	ou received together, list it c	only once under Debtor hat you listed in line 4. Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3:	ist Certain Pa	yments You	Made Before You Filed for I	Bankruptcy		
6. Are eith □ No	n. Neither De individual p	ebtor 1 nor Dorimarily for a	personal, family, or househol re you filed for bankruptcy, di	imer debts. Consumer debt d purpose."		C. § 101(8) as "incurred by an
	Yes	paid that cre not include	ach creditor to whom you pai editor. Do not include paymen payments to an attorney for th on 4/01/25 and every 3 years	nts for domestic support oblig nis bankruptcy case.	gations, such as child su	ipport and alimony. Also, do
■ Ye	es. Debtor 1 o	or Debtor 2 o	r both have primarily consure you filed for bankruptcy, di	mer debts.	,	
	■ No.	Go to line 7				
	☐ Yes	include payı	ach creditor to whom you pai ments for domestic support ol this bankruptcy case.			oaid that creditor. Do not do not include payments to an
Credite	or's Name and	d Address	Dates of payme	nt Total amount paid	Amount you Wa	s this payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	btor 1 Ashley Ann Sevek		Cas	e number (if knowr	n)	
7.	Within 1 year before you filed for bankr Insiders include your relatives; any general of which you are an officer, director, personal business you operate as a sole proprieto alimony.	al partners; relatives of any ger in in control, or owner of 20% of	neral partners; partners or more of their voting	rships of which y securities; and	ou are a genera any managing a	al partner; corporation gent, including one fo
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankr insider? Include payments on debts guaranteed or		ments or transfer a	ny property on	account of a de	ebt that benefited an
	No					
	Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for	this payment
			paid	Suilowe	include cred	itor s riame
Par	rt 4: Identify Legal Actions, Reposses	sions, and Foreclosures				
	Within 1 year before you filed for bankr List all such matters, including personal in modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Ashley A. Sevek vs. Joseph J. Sevek 831-2023-Civil	Divorce	Pike County Co Common Pleas 410 Broad Stre Milford, PA 183	et	☐ Pending ☐ On appe ☐ Conclude	al
					Finalized 1	1/2/24
10.	Within 1 year before you filed for bankr Check all that apply and fill in the details b No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garn	ished, attached	I, seized, or levied?
	Creditor Name and Address	Describe the Property		Date	•	Value of the
		Explain what happened	d			property
11.	Within 90 days before you filed for bank accounts or refuse to make a payment ■ No □ Yes. Fill in the details.		luding a bank or fin	ancial institutio	on, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took		action was	Amount
	Within 1 year before you filed for bankr court-appointed receiver, a custodian, o ■ No □ Yes		erty in the possessi	take		efit of creditors, a

Statement of Financial Affairs for Individuals Filing for Bankruptcy

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

	transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	ade as security (such as	the granting of a s	ecurity interest or mortgage on	your property). Do not
	Person Who Received Transfer Address	Description and property transfer		Describe any property or payments received or deb paid in exchange	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No	vice of which you are a			
	Yes. Fill in the details.				
	Name of trust	Description and	value of the prop	erty transferred	Date Transfer was made
Par	List of Certain Financial Accounts, Ins	struments, Safe Deposi	it Boxes, and Sto	rage Units	
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred?			•	
	Include checking, savings, money market, chouses, pension funds, cooperatives, associ				redit unions, brokerage
	Yes. Fill in the details.				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument	nt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	r bankruptcy, any	safe deposit box or other de	epository for securities,
	■ No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit of	,	r home within 1 y	rear before you filed for bankı	ruptcy?
	_				
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control	for Someone Else			
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	lude any property	you borrowed from, are stor	ing for, or hold in trust
	□ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the property	Value
	Children's belongings	Debtor's home		Personal possessions	\$900.00

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Ashley Ann Sevek Case number (if known)

Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

■ No

☐ Yes. Fill in the details.

Case Title
Case Number

Case Number

Case Number

Address (Number, Street, City, State and ZIP Code)

Name

Address (Number, Street, City, State and ZIP Code)

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address

Name of site

Address (Number, Street, City, State and ZIP Code)

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Environmental law, if you

know it

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Date of notice

Debtor 1 Ashley Ann Sevek	Case number (if known)	
28. Within 2 years before you filed for bank institutions, creditors, or other parties.	uptcy, did you give a financial statement to anyone about your business? Include all financial	
■ No □ Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
are true and correct. I understand that makin with a bankruptcy case can result in fines up 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ashley Ann Sevek	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connectic to \$250,000, or imprisonment for up to 20 years, or both.	
Ashley Ann Sevek Signature of Debtor 1	Signature of Debtor 2	
Date August 15, 2024	Date	
Did you attach additional pages to Your State No ☐ Yes	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
Did you pay or agree to pay someone who is ■ No	not an attorney to help you fill out bankruptcy forms?	
☐ Yes. Name of Person . Attach the Bai	kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

Fill in this infor	mation to identify your c	ase:		
Debtor 1	Ashley Ann Sevek			
Debior 1	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptcy Court for the:	MIDDLE DISTRIC	T OF PENNSYLVANIA	
Case number (if known)				☐ Check if this is an amended filing
			iduals Filing Under Cha	apter 7 12/15
	e claims secured by you		out this form ii.	
You must file th which on the If two married p	ever is earlier, unless the form eople are filing together	ithin 30 days after ye court extends the	ot expired. you file your bankruptcy petition or by the outline for cause. You must also send copies that are equally responsible for supplying col	s to the creditors and lessors you list
sign a	nd date the form.			
	and accurate as possiblyour name and case num		needed, attach a separate sheet to this for	m. On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
			Creditors Who Have Claims Secured by Pr	operty (Official Form 106D), fill in the
information b			·	
identity the ci	reditor and the property th	iat is collateral	What do you intend to do with the proper secures a debt?	ty that Did you claim the property as exempt on Schedule C?
	Ally Financial		Surrender the property.	■ No
name: Description or property	f 2018 Ford Explorer in Debtor's ex-hust		 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
securing debt	possession; fair co Joint with ex-husba Sevek			
Creditor's	PennyMac Loan Servi	ces	■ Surrender the property.	■ No
name:			☐ Retain the property and redeem it.	
Description o	f 142 Birch Leaf Driv 18337 Pike County		 □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes

Value is sales price on current listing agreement with Weichert

Realty.

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Ashle	y Ann Sevek	Case number (if	known)
Creditor's Saname: Description of property securing debt:	2020 Ford F-150 120,000 miles in Debtor's ex-husband's possession; fair condition Joint with ex-husband Joseph	 ■ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ No □ Yes
	Sevek		
Creditor's To name:	yota Financial Services	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt:	2024 Toyota Rav4 5,000 miles in Debtor's possession; very good condition.	 □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: retain; keep current 	■ Yes
or any unexpired n the information	below. Do not list real estate leases. U	d in Schedule G: Executory Contracts and Une Inexpired leases are leases that are still in effect f the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Describe your un	nexpired personal property leases		Will the lease be assumed?
Lessor's name: Description of leas Property:	sed		□ No □ Yes
Lessor's name: Description of leas Property:	sed		□ No
Lessor's name: Description of leas	sed		□ No
Property: Lessor's name:			☐ Yes ☐ No
Description of leas Property:	sea		☐ Yes
Lessor's name: Description of leas Property:	sed		□ No □ Yes
Lessor's name: Description of leas Property:	sed		□ No □ Yes
Lessor's name: Description of leas Property:	sed		□ No □ Yes
Part 3: Sign Be	elow		

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Deb	otor 1 Ashley Ann Sevek	Case number (if known)
X	/s/ Ashley Ann Sevek Ashley Ann Sevek	X Signature of Debtor 2
	Signature of Debtor 1	Signature of Debtor 2
	Date August 15, 2024	Date

Statement of Intention for Individuals Filing Under Chapter 7

Fill i	n this information to identify your case:					irected in this form and	in Form
Deb	or 1 Ashley Ann Sevek		12.	2A-1Sup _l	D:		
Deb	tor 2			■ 4 The	:	tion of above	
	se, if filing)				•	umption of abuse	
Unite	ed States Bankruptcy Court for the: Middle District of	² ennsylvania				o determine if a presun nade under <i>Chapter 7 I</i>	
Case	e number					icial Form 122A-2).	vicaris Test
(if kno						does not apply now be revice but it could ap	
				☐ Chec	k if this is a	n amended filing	
Off	icial Form 122A - 1					•	
	apter 7 Statement of Your Cui	rent Mor	nthly Inc	ome			12/19
	•						
attach case	complete and accurate as possible. If two married people is a separate sheet to this form. Include the line number to wnumber (if known). If you believe that you are exempted froying military service, complete and file Statement of Exempted Calculate Your Current Monthly Income	vhich the additior m a presumption	nal information a of abuse becau	applies. O ise you do	n the top of a	ny additional pages, writ narily consumer debts o	e your name and r because of
	What is your marital and filing status? Check one or						
'-	■ Not married. Fill out Column A, lines 2-11.	ily.					
	☐ Married and your spouse is filing with you. Fill on	ut both Columna	A and D. lines	2.11			
	☐ Married and your spouse is NOT filing with you.		-	2-11.			
	☐ Living in the same household and are not lega	-	•	Jumpa A	and P. linaa (0.11	
	☐ Living separately or are legally separated. Fill	• •			*		ı declare under
	penalty of perjury that you and your spouse are living apart for reasons that do not include evadi	egally separated	d under nonbar	kruptcy l	aw that applic	es or that you and your	
10 th	Il in the average monthly income that you received from all of (10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that property.	nonth period would I by 6. Fill in the res	l be March 1 thro sult. Do not inclu	ugh Augus de any inc	t 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during le, if both
				Column Debtor		Column B Debtor 2 or	
	Variation of the language and the same of		(b - (1)			non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ons (before all	\$	6,373.84	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support	aid for househo . Include regular	old expenses contributions				
	from an unmarried partner, members of your household and roommates. Include regular contributions from a sp						
	filled in. Do not include payments you listed on line 3.	louse offig if Cor	IUIIIII D IS HOL	\$	0.00	\$	
5.	Net income from operating a business, profession,	or farm					
			otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	Camus hama	•	0.00	Φ.	
	Net monthly income from a business, profession, or far	m \$	Copy here ->	- \$	0.00	\$	
6.	Net income from rental and other real property	Deh	otor 1				
	Gross receipts (hefore all doductions)	\$ 0.00					
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
7	Interest dividends and royalties	Ψ	• •	\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

	7.01110	ey Ann Sevek			С	Case numbe	r (<i>if known</i>)			
						olumn A ebtor 1		Colum Debto non-fi		e
Une	mployr	ment compensation			\$		0.00	\$		
		er the amount if you contend that the Security Act. Instead, list it here:	amount received	d was a benefit u	ınder		_			_
	or you		\$	0.00	_					
		spouse			_					
not i Unite disa pay does	efit undenclude ed State oility, or oaid un sant ex	er retirement income. Do not include er the Social Security Act. Also, exce any compensation, pension, pay, ar es Government in connection with a r death of a member of the uniforme der chapter 61 of title 10, then inclu- acced the amount of retired pay to will der any provision of title 10 other that	ept as stated in the nouity, or allowand disability, combated services. If you de that pay only thich you would o	ne next sentence ace paid by the at-related injury on a received any re to the extent that therwise be entit	e, do or tired t it		0.00	\$		
Do r rece dom Unite	me fro ot inclu ived as estic te ed State oility, or	im all other sources not listed aboute any benefits received under the a victim of a war crime, a crime agairrorism; or compensation pension, les Government in connection with a r death of a member of the uniforme a separate page and put the total be	Specify the Social Security A social Security A sinst humanity, or pay, annuity, or a disability, combad services. If necessions.	source and amou act; payments r international or allowance paid by at-related injury o essary, list other	y the		0.00	\$		_
					\$		0.00	\$		_
	То	tal amounts from separate pages, if	any.		+ \$		0.00	\$		
	ulate v									
each		our total current monthly income n. Then add the total for Column A t			6,3	73.84	+ _			6,373.84
each	colum		to the total for Co		6,3	73.84	+ [\$		Tot	al current monthly
rt 2:	Dete	n. Then add the total for Column A t	to the total for Co	slumn B.	6,3	73.84	+ \$		Tot	al current monthly
rt 2: 2. Calc	Dete	n. Then add the total for Column A termine Whether the Means Test A	to the total for Co pplies to You he year. Follow t	hese steps:			y line 11 I	nere=>	Tot	al current monthly
rt 2: 2. Calc	Dete	n. Then add the total for Column A termine Whether the Means Test Apour current monthly income for the	pplies to You he year. Follow tom line 11	hese steps:				nere=>	To inc	al current monthly ome
r t 2: 2. Cald 12a.	Dete	ermine Whether the Means Test Apyrour current monthly income for the your total current monthly income from	pplies to You he year. Follow tom line 11	hese steps:				nere=>	To inc	6,373.84
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12b. 12b. 12b. 1ill ii Fill ii To fi for th	Determine the mind a liss form	ermine Whether the Means Test Approur current monthly income for the your total current monthly income from the your total current monthly income for this part is your annual income for this part is your annual income for this part in which you live. The median family income that approach in the your state and the proposed in your household. The proposed in your state and the proposed in your household. This list may also be available at the proposed in your state and the proposed in your household. The proposed in your household in the proposed in your household. The proposed in your household in the proposed in your household. The proposed in your household in the proposed in your household in the proposed in your household. The proposed in your household in the proposed in your household in the proposed in your household. The proposed in your household in the proposed in your household. The proposed in your household in the proposed in your household in the proposed in your household in the proposed in your household. The proposed in your household in in your ho	pplies to You he year. Follow to make the form year) art of the form plies to you. Follow to make the form and size of house unts, go online us the bankruptcy cleane 13. On the top of form 12 the top of page 1, the to	ow these steps: PA 4 hold. sing the link specerk's office. of page 1, check 2A-2.	sified in th	Copy ne separa	y line 11 l	tions aption of	\$	6,373.84 12 76,486.08
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Official Form 122A-1

Ashley Ann Sevek Signature of Debtor 1

Chapter 7 Statement of Your Current Monthly Income

Debtor 1	Ashley Ann Sevek	Case number (if known)	
Da	August 15, 2024 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

United States Bankruptcy Court Middle District of Pennsylvania

In re	Ashley Ann Sevek	·	Case N	lo.		
		Debtor(s)	Chapte	r 7		
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR	DEBTOR(S))	
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,600.00	<u>)</u>	
	Prior to the filing of this statement I have received.			0.00	<u>)</u>	
	Balance Due		\$	1,600.00	<u>)</u>	
2. Т	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3. 1	he source of compensation to be paid to me is:					
	☐ Debtor ☐ Other (specify): ARAG	Legal Benefits				
4. I	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.					
I	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the nar				of my law firm. A	
5. 1	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
b c	 Analysis of the debtor's financial situation, and rende Preparation and filing of any petition, schedules, stat Representation of the debtor at the meeting of credite [Other provisions as needed] 	tement of affairs and plan whic	h may be required	;	in bankruptcy;	
6. F	by agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis from stay actions or adversary proceed	schargeability actions, jud	g service: licial lien avoida	ınces, conteste	d matters, relief	
		CERTIFICATION				
	certify that the foregoing is a complete statement of an unkruptcy proceeding.	y agreement or arrangement fo	or payment to me for	or representation of	of the debtor(s) in	
A	ugust 15, 2024	/s/ Vincent Rubin				
Date		Vincent Rubino				
		Signature of Attorn Newman William				
		712 Monroe Stre	et			
		PO Box 511 Stroudsburg, PA	10260 0E11			
		570-421-9090 F	ax: 570-424-973	9		
		vrubino@newma				
		Name of law firm				

United States Bankruptcy Court Middle District of Pennsylvania

In re	Ashley Ann Sevek		Case No.				
		Debtor(s)	Chapter	7			
	VERIFICATION OF CREDITOR MATRIX						
Γhe ab	ove-named Debtor hereby verifies t	that the attached list of creditors is true and con	rect to the best	of his/her knowledge.			
Date:	August 15, 2024	/s/ Ashley Ann Sevek					
		Ashley Ann Sevek					

Signature of Debtor